## 2006/2007 MBCHP FEE SCHEDULE/REIMBURSEMENT RATES

THESE RATES ARE IN EFFECT UNTIL JUNE 30, 2007

CPT CODE	SERVICE DESCRIPTION	2006 RATE	2007 RATE
OFFICE VISI	TTS•	IWII L	IMIL
99201	New Patient - Problem Focused - 10 Minutes	\$33.75	\$32.50
99202	New Patient - Expanded Problem Focus - 20 Minutes	\$60.33	\$57.24
99203	New Patient - Low Complexity - 30 Minutes	\$90.01	\$85.07
99204	New Patient - Moderate Complexity - 45 Minutes	\$127.88	\$130.53
99205	New Patient- High Complexity - 60 Minutes	\$163.26	\$164.38
99211	Established Patient - Minimal Problem - 5 Minutes	\$19.26	\$17.87
99212	Established Patient - Problem Focused - 10 Minutes	\$35.35	\$33.46
99213	Established Patient - Low Complexity - 15 Minutes	\$48.49	\$55.20
99214	Established Patient - Moderate Complexity - 25 Minutes	\$76.35	\$83.82
99215	Established Patient - High Complexity - 40 Minutes	\$112.04	\$113.82
99241	Consultation New/Established Patient - Problem Focused - 15 minutes	\$46.44	\$44.48
99242	Consultation New/Established Patient - Expanded Problem - 30 Minutes	\$85.58	\$82.85
99243	Consultation – 40 Minutes	\$114.10	\$113.58
99385-86-87	Preventive Services - New Patient -18-39Years; 40-64 Years; 65 Years & Over	\$60.33	\$57.24
99395-96-97	Preventive Services - Established Patient -18-39 Years; 40-64 Years; 65 Years & Over	\$33.75	\$32.50
	CAL: (global, technical, and professional)	400000	70-100
76098	Radiological examination, surgical specimen (global)	\$22.12	\$20.09
76098-TC	Radiological examination, surgical specimen (technical component)	\$14.12	\$12.84
76098-26	Radiological examination, surgical specimen (professional only)	\$8.01	\$7.24
76645	Ultrasound, breast(s), unilateral or bilateral (global)	\$62.55	\$66.42
76645-TC	Ultrasound, breast(s), unilateral or bilateral (technical component)	\$35.64	\$41.73
76645-26	Ultrasound, breast(s), unilateral or bilateral (professional only)	\$26.91	\$24.69
76942	Ultrasound guidance for needle biopsy (global)	\$127.08	\$95.90
76942-TC	Ultrasound guidance for needle biopsy (technical component)	\$93.63	\$65.11
76942-26	Ultrasound guidance for needle biopsy (professional only)	\$33.46	\$30.79
77055	Diagnostic Mammography – Unilateral (2 views of 1 breast) (global)	\$70.55	\$69.82
77055-TC	Diagnostic Mammography – Unilateral (technical component)	\$35.64	\$37.89
77055-26	Diagnostic Mammography – Unilateral (professional only)	\$34.91	\$31.93
G0206**	Digital Diagnostic Mammography – Unilateral (global)	\$70.55	\$69.82
G0206-TC**	Digital Diagnostic Mammography – Unilateral (technical component)	\$35.64	\$37.89
G0206-26**	Digital Diagnostic Mammography – Unilateral (professional only)	\$34.91	\$31.93
77056	Diagnostic Mammography – Bilateral (4 views, 2 of each breast) (global)	\$87.60	\$87.07
77056-TC	Diagnostic Mammography – Bilateral (technical component)	\$44.30	\$47.51
77056-26	Diagnostic Mammography – Bilateral (professional only)	\$43.30	\$39.55
G0204**	Digital Diagnostic Mammography – Bilateral (global)	\$87.60	\$87.07
G0204-TC**	Digital Diagnostic Mammography – Bilateral (technical component)	\$44.30	\$47.51
G0204-26**	Digital Diagnostic Mammography – Bilateral (professional component)	\$43.30	\$39.55
77057	Screening Mammography – Bilateral (2 views of each breast) (global)	\$76.65	\$73.04
77057-TC	Screening Mammography – Bilateral (technical component)	\$41.74	\$41.11
77057-26	Screening Mammography – Bilateral (professional only)	\$34.91	\$31.93
G0202**	Digital Screening Mammography-Bilateral (global)	\$76.65	\$73.04
G0202-TC**	Digital Screening Mammography-Bilateral (technical component)	\$41.74	\$41.11
G0202-26**	Digital Screening Mammography-Bilateral (professional only)	\$34.91	\$31.93
77031	Stereotactic Localization for breast biopsy, each lesion, Radiological supervision & interpretation (global)	\$322.30	\$235.47
77031-TC	Stereotactic Localization for breast biopsy, each lesion, Radiological supervision & interpretation (technical component)	\$242.33	\$162.24
77031-26	Stereotactic Localization for breast biopsy, each lesion, Radiological supervision & interpretation (professional only)	\$79.97	\$73.24

CPT CODE	SERVICE DESCRIPTION	2006 RATE	2007 RATE
CPT CODE	Preoperative placement of needle localization wire, breast Radiological supervision &	KAIL	KAIL
77032	interpretation (global)	\$71.96	\$62.23
77032-TC	Preoperative placement of needle localization wire, breast Radiological supervision & interpretation (technical component)	\$44.30	\$36.94
77032-26	Preoperative placement of needle localization wire, breast Radiological supervision (professional only)	\$27.67	\$25.39
PATHOLOGY A	ND LABORATORY: (global, technical, and professional)		
87621****	Papillomavirus, human, amplified probe technique	\$49.04	\$49.04
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal		\$50.08
88104-TC	Cytopathology, fluids, washings or brushings, except cervical or vaginal		\$23.41
88104-26	Cytopathology, fluids, washings or brushings, except cervical or vaginal		\$26.67
88141	Cytopathology, cervical or vaginal requiring interpretation by a physician	\$21.40	\$21.80
	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin	Ψ21.10	Ψ21.00
88142	layer preparation; manual screening under physician supervision	\$14.76	\$14.76
88143	Cytopathology with manual screening and re-screening under physician supervision	\$14.76	\$14.76
88148	Screening by automated system with manual rescreening under physician supervision	\$14.76	\$21.23
88164	Cytopathology, slides, cervical or vaginal (Bethesda System) manual screening under physician supervision	\$14.76	\$14.76
88172	Evaluation of fine needle aspirate (global)	\$47.46	\$46.15
88172-TC	Evaluation of fine needle aspirate (technical component)	\$15.72	\$17.33
88172-26	Evaluation of fine needle aspirate (professional only)	\$31.74	\$28.82
88173	Evaluation of fine needle aspirate, interpretation (global)	\$123.52	\$119.54
88173-TC	Evaluation of fine needle aspirate, interpretation (technical component)	\$51.26	\$53.19
88173-26	Evaluation of fine needle aspirate, interpretation (professional only)	\$73.26	\$66.35
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$14.76	\$14.76
88175	Screening by automated system and manual re-screening, under physician supervision (with cytopathology)	\$14.76	\$14.76
88305	Surgical pathology/biopsy lab – breast & cervical specimens only (global)	\$91.91	\$90.84
88305-TC	Surgical pathology/biopsy lab-breast & cervical (technical component)	\$51.91	\$54.83
88305-26	Surgical pathology/biopsy lab-breast & cervical (professional only)	\$40.01	\$36.01
88307	Surgical pathology: breast, excision of lesion, requiring microscopic evaluation of surgical margins (global)	\$165.44	\$169.68
88307-TC	Surgical pathology: breast, excision of lesion, requiring microscopic evaluation of surgical margins (technical component)	\$81.38	\$93.29
88307-26	Surgical pathology: breast, excision of lesion, requiring microscopic evaluation of surgical margins (professional only)	\$84.06	\$76.39
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	\$180.57	\$176.01
88329	Pathology consultation during surgery	\$46.87	\$44.59
88331	First tissue block with frozen sections, single specimen	\$83.02	\$79.75
88331-TC	First tissue block with frozen sections, single specimen (technical component)	\$20.24	\$22.48
88331-26	First tissue block with frozen sections, single specimen (professional only)	\$62.78	\$57.27
88332	Each additional tissue block with frozen sections	\$38.44	\$36.16
88332-TC	Each additional tissue block with frozen sections (technical component)	\$7.40	\$8.04
88332-26	Each additional tissue block with frozen sections (professional only)	\$31.04	\$28.12
88342	Immunohistochemistry, each antibody	\$80.62	\$81.72
88342-TC	Immunohistochemistry, each antibody (technical component)	\$35.87	\$41.34
88342-26	Immunohistochemistry, each antibody (professional only)	\$44.76	\$40.38

		2006	2007
CPT CODE	SERVICE DESCRIPTION	RATE	RATE
SURGICAL: (pi	rofessional and surgical facility)		
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior	\$16.47	\$17.25
10021	trunk and perineum; not otherwise specified  Fine needle aspiration; without imaging guidance	per unit \$120.64	per unit \$115.10
10021	Fine needle aspiration; without imaging guidance  Fine needle aspiration; with imaging guidance	\$120.64	\$113.10
19000	Puncture aspiration of cyst of breast	\$98.23	\$93.62
19000	Puncture aspiration of cyst of breast, each additional	\$25.28	\$23.75
19100	Biopsy of breast; needle core - Surgical Procedure by Physician	\$120.46	\$114.88
19100***	Biopsy of breast, needle core – Satisfical Procedure by Physician  Biopsy of breast; needle core – Facility Fee	%CCR	% CCR
19101	Biopsy of breast, incisional – Surgical Procedure by Physician	\$278.13	\$264.79
19101	Biopsy of breast, incisional – Surgical Procedure by Physician  Biopsy of breast; incisional – Facility Fee	\$278.13 %CCR	% CCR
	Percutaneous, needle core, using imaging guidance-Surgical Procedure by Physician	_	
19102		\$203.42	\$190.78
19102***	Percutaneous, needle core, using imaging guidance-Facility Fee	%CCR	%CCR
19103	Percutaneous, automated vacuum assisted or rotating biopsy devise, using imaging guidance- Surgical Procedure by Physician	\$518.59	\$488.50
19103***	Percutaneous, automated vacuum assisted or rotating biopsy devise, using imaging guidance-Facility Fee	%CCR	%CCR
19110	Nipple Exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct		\$357.28
19110***	Nipple Exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct		%CCR
19120	Excision of cyst, fibro adenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion, nipple lesion – Surgical Procedure by Physician	\$380.87	\$373.11
19120***	Excision of cyst, fibro adenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion, nipple lesion – Facility Fee	%CCR	% CCR
19125	Excision of breast lesion identified by preoperative placement of radiological marker, single lesion – Surgical Procedure by Physician	\$409.90	\$410.84
19125***	Excision of breast lesion identified by preoperative placement of radiological marker, single lesion – Facility Fee	%CCR	% CCR
19126	Excision of breast lesion identified by preoperative placement of radiological marker, each additional lesion – Surgical Procedure by Physician	\$156.04	\$142.95
19126***	Excision of breast lesion identified by preoperative placement of radiological marker, each additional lesion – Facility Fee	%CCR	% CCR
19290	Preoperative placement of needle localization wire, breast – Surgical Procedure by Physician	\$142.01	\$135.55
19290***	Preoperative placement of needle localization wire, breast- Facility Fee	%CCR	% CCR
19291	Additional lesion (list separately in addition to code for primary procedure)	\$63.95	\$60.42
19295	Image guided placement metallic localization clip, percutaneous, during breast biopsy	\$86.70	\$82.64
FEMALE GENI	ITAL SYSTEM/SURGERY: (professional)		
57452	Colposcopy of the cervix including upper/adjacent vagina	\$103.95	\$97.26
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage	\$150.35	\$139.62
57455	Colposcopy with biopsy(s) of the cervix	\$138.65	\$129.08
57456	Colposcopy with endocervical curettage	\$130.42	\$121.56
57505	Endocervical curettage		\$89.60
Diagnostic LEEP, c	onization, and endometrial biopsy are reimbursable under certain conditions with pre-anistrative site with questions.	pproval re	

<sup>\*\*</sup>Digital mammography technology may be used to screen women for breast cancer. The MBCHP will only reimburse at the rate of analog mammography.

<sup>\*\*\*</sup>Surgical facility reimbursement is paid for outpatient surgery only. Claim lines containing <u>allowable codes</u> will be paid at the MBCHP rate. Reimbursement for the remaining claim lines that are related to allowable procedures will be calculated at the CURRENT Montana Medicaid statewide outpatient "cost to charge ratio" (CCR).

<sup>\*\*\*\*\*</sup>HPV (87621) testing is a reimbursable procedure only if used in follow-up of an ASC-US Pap test result from the screening exam.

In order to be paid, a claim must be received within 24 months of the date of service.